



# Federal Work-Study Program Request to Continue

Financial Aid Office  
(408) 270 6460



It is the policy of the San Jose/Evergreen Valley Community College District to provide an educational and employment environment in which no person shall be unlawfully denied full and equal access to the benefits of, or be subjected to discrimination in any program or activity of the District on the basis of ethnic group identification, race, color, language, accent, immigration status, ancestry, national origin, age, gender, religion, sexual orientation, transgender, marital status, veteran status or physical or mental disability.

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## To be completed by the student:

Full name: \_\_\_\_\_ EVC ID#: \_\_\_\_\_

I'm requesting to resume working for my previous supervisor in the following:

Department: \_\_\_\_\_

Hours per week planned to work: \_\_\_\_\_

Duration: \_\_\_\_\_

Fall only

Spring only

Fall and Spring

I agree to follow all rules & regulations required to participate in the FWS program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

## To be completed by your FWS supervisor:

I agree to hire my previous FWS student, name above, for the 25-26 academic  
year.

Supervisor' name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed